

Travel & Expense Account  
Transmittal Sheet

After Approval, Mail Receipts To

HEADQUARTER ACCOUNTING  
P.O. Box 187019  
Sacramento, CA 95818



|                      |                   |
|----------------------|-------------------|
| Employee Name        | CATE, MATTHEW     |
| Expense Dates        | 06/22/09-06/30/09 |
| Total Expense Amount | 680.16            |
| Amount Due Employee  | 45.27             |
| Form ID              | TEA000472236      |

I have reviewed the documents.

Approved  
by:

Brett H MORGAN

## Travel & Expense Account Summary

Employee Name                      MATTHEW CATE  
Expense Dates                      06/22/09-06/30/09  
Report Name                        4100, 6/22/2009, Burbank

Request Total \$            680.16  
Direct Charge Total -    634.89  
Travel Advances -        0.00  
Net Due Employee =     45.27

| Trip Totals           |           |              |
|-----------------------|-----------|--------------|
| Trip/Expense Category | Trip Name | Total Amount |
| Non-Travel Expenses   | Vent/CRC  | 680.16       |

NOTE: (d)=Direct Charge

| DATE                       | Mon<br>Jun 22 | Tue<br>Jun 30 |  |  |  |  |  |  |  | TOTAL         |
|----------------------------|---------------|---------------|--|--|--|--|--|--|--|---------------|
| Commercial<br>Air Fare (d) | 283.20        | 303.20        |  |  |  |  |  |  |  | 586.40        |
| Auto Rental (d)            | 48.49         |               |  |  |  |  |  |  |  | 48.49         |
| Parking, Auto              | 9.00          | 9.00          |  |  |  |  |  |  |  | 18.00         |
| Mileage,<br>Personal Auto  |               | 27.27         |  |  |  |  |  |  |  | 27.27         |
| <b>TOTALS \$</b>           | <b>340.69</b> | <b>339.47</b> |  |  |  |  |  |  |  | <b>680.16</b> |

|   |
|---|
| <p><b>Travel &amp; Expense Account<br/>Summary &amp; Detail</b></p> |
|---|

| Trip/Expense Category | Trip Name | Date     | Expense Item           | Amount | Payment Type  |
|-----------------------|-----------|----------|------------------------|--------|---------------|
| Non-Travel Expenses   | Vent/CRC  | 06/22/09 | Commercial Air Fare    | 283.20 | Direct Charge |
| Non-Travel Expenses   | Vent/CRC  | 06/22/09 | Auto Rental            | 48.49  | Direct Charge |
| Non-Travel Expenses   | Vent/CRC  | 06/22/09 | Parking, Auto          | 9.00   | Cash          |
| Non-Travel Expenses   | Vent/CRC  | 06/30/09 | Commercial Air Fare    | 303.20 | Direct Charge |
| Non-Travel Expenses   | Vent/CRC  | 06/30/09 | Parking, Auto          | 9.00   | Cash          |
| Non-Travel Expenses   | Vent/CRC  | 06/30/09 | Mileage, Personal Auto | 27.27  | Cash          |

Sacramento Int'l  
Airport

Cashier : 17 Seq # 43505  
License Plate : XX NOPLATE  
Ent : 08:08 06/22/09 Lane 5  
Exit: 17:40 06/22/09 Lane 15

|                |       |
|----------------|-------|
| FEE \$         | 9.00  |
| AMOUNT TEND \$ | 10.00 |
| CASH \$        | 9.00  |
| CREDIT CARD \$ | 0.00  |
| CHECK \$       | 0.00  |
| CHANGE CALC \$ | 1.00  |

PAID AT CT \$ 9.00  
Taxes Included

\*\*\* Start Calculation Details \*\*\*

1 Day(s) @\$9.00 = \$9.00

\*\*\* End Calculation Details \*\*\*

\*\*\* Thank You \*\*\*

Matthew Cate

Sacramento Int'l  
Airport

Card Account : XXXXXXXXXXXX8339  
Card Type : Visa  
Authorization Code : 71036C

Cashier : 62 Seq # 45647  
License Plate : XX NOPLATE  
Ent : 06:05 06/30/09 Lane 5  
Exit: 15:16 06/30/09 Lane 15

|                |      |
|----------------|------|
| FEE \$         | 9.00 |
| AMOUNT TEND \$ | 9.00 |
| CASH \$        | 0.00 |
| CREDIT CARD \$ | 9.00 |
| CHECK \$       | 0.00 |
| CHANGE CALC \$ | 0.00 |

PAID AT CT \$ 9.00  
Taxes Included

\*\*\* Start Calculation Details \*\*\*

1 Day(s) @\$9.00 = \$9.00

\*\*\* End Calculation Details \*\*\*

\*\*\* Thank You \*\*\*

Sign : \_\_\_\_\_

matthew cate

# Travel & Expense Account Transmittal Sheet

After Approval, Mail Receipts To

HEADQUARTER ACCOUNTING  
P.O. Box 187019  
Sacramento, CA 95818

Employee Name CATE, MATTHEW  
Expense Dates 03/27/09-06/03/09  
Total Expense Amount 209.82  
Amount Due Employee 209.82  
Form ID TEA000467919

## DIRECTIONS FOR SUBMISSION

1. *Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.*

| Date     | Expense Item  | Amount | If not submitted - Explain |
|----------|---------------|--------|----------------------------|
| 1) 05/08 | Parking, Auto | 15.00  |                            |
| 2) 06/03 | Lodging       | 157.82 |                            |
| 3) 06/03 | Parking, Auto | 25.00  |                            |

2. *Forward Transmittal Sheet and attached documentation through your approval process.*

| EXPENSE EXCEPTION(S) |                             |  |          |
|----------------------|-----------------------------|--|----------|
|                      | Expense Rule                | Exception  | Response |
| 1)                   | #46a DPA required - Lodging | Did you obtain prior written approval to exceed the maximum allowed? | Yes      |

I have reviewed the following documents.

Approved  
by:

Brett H MORGAN

## Travel & Expense Account Summary

Employee Name                      MATTHEW CATE  
Expense Dates                      03/27/09-06/03/09  
Report Name                        4100, Various, Various

Request Total \$            209.82  
Direct Charge Total -        0.00  
Travel Advances -            0.00  
Net Due Employee =        209.82

| Trip Totals           |           |              |
|-----------------------|-----------|--------------|
| Trip/Expense Category | Trip Name | Total Amount |
| Regular Travel        | CSSA      | 182.82       |
| Non-Travel Expenses   | SF / OAK  | 27.00        |

NOTE: (d)=Direct Charge

| DATE          | Fri<br>Mar 27 | Fri<br>May 8 | Fri<br>May 8 |  |  |  |  |  |  | TOTAL |
|---------------|---------------|--------------|--------------|--|--|--|--|--|--|-------|
| Bridge Tolls  | 4.00          | 4.00         | 4.00         |  |  |  |  |  |  | 12.00 |
| Parking, Auto |               | 15.00        |              |  |  |  |  |  |  | 15.00 |
| TOTALS \$     | 4.00          | 19.00        | 4.00         |  |  |  |  |  |  | 27.00 |

| DATE          | Wed<br>Jun 3 |  |  |  |  |  |  |  |  | TOTAL  |
|---------------|--------------|--|--|--|--|--|--|--|--|--------|
| Lodging       | 157.82       |  |  |  |  |  |  |  |  | 157.82 |
| Parking, Auto | 25.00        |  |  |  |  |  |  |  |  | 25.00  |
| TOTALS \$     | 182.82       |  |  |  |  |  |  |  |  | 182.82 |

|   |
|---|
| <p style="text-align: center;"><b>Travel &amp; Expense Account<br/>Summary &amp; Detail</b></p> |
|---|

| Trip/Expense Category | Trip Name | Date     | Expense Item  | Amount | Payment Type |
|-----------------------|-----------|----------|---------------|--------|--------------|
| Non-Travel Expenses   | SF / OAK  | 03/27/09 | Bridge Tolls  | 4.00   | Cash         |
| Non-Travel Expenses   | SF / OAK  | 05/08/09 | Bridge Tolls  | 4.00   | Cash         |
| Non-Travel Expenses   | SF / OAK  | 05/08/09 | Bridge Tolls  | 4.00   | Cash         |
| Non-Travel Expenses   | SF / OAK  | 05/08/09 | Parking, Auto | 15.00  | Cash         |
| Regular Travel        | CSSA      | 06/03/09 | Lodging       | 157.82 | Cash         |
| Regular Travel        | CSSA      | 06/03/09 | Parking, Auto | 25.00  | Cash         |



TOLL RECEIPT

California Department of Transportation

CALTRANS - ATC&S  
Carquinez Strait Bridge

Thank You !!

03/27/09 15:10:43 LANE: 07 ID: 403  
CLASS: 12 \$ 4.00 CASH

Matthew Cate

# Receipt

034901050814002009  
SF-00 6207  
Civic Center Plaza  
Civic Center Plaza Garage  
355 McAllister St.  
SF, CA 94102 (415) 873 1537

FeeComputer Model: 1  
Entry Time: 08/08/09 10:28 AM  
Exit Time: 08/08/09 2:00 PM  
Fee: 15.00  
Type: RNDY  
Pre-settable to: 040870

From: 349  
Ticket Number: 0479

F1 normal\$ 15.00

Total: \$ 15.00  
Used: 15.00  
Last 4 digits: 5440

Incept J Parkins U.S., Inc.  
401 Terry Francois St., CA 94158  
153227-0114, Bus. Lic. Nr. 329440

## TOLL RECEIPT

California Department of Transportation

CALTRANS - ATCAS  
Carquinez Strait Bridge

Thank You !!

05/08/09 14:43:08 LANE: 06 ID: 439  
CLASS: 12 \$ 4.00 CASH

Matthew Cate



EMBASSY SUITES  
HOTELS\*

4130 Lake Tahoe Blvd. • South Lake Tahoe, CA 96150  
Phone: (530) 544-5400 • Fax: (530) 544-4900  
For reservations across the nation  
www.embassysuites.com or 1-800-EMBASSY

Name & Address

CATE, MATTHEW  
1515 S ST STE 212  
  
SACRAMENTO, CA 95811  
US

Suite 752/KNGN  
Arrival Date 6/3/2009 6:47:00PM  
Departure Date 6/4/2009 11:05:00AM  
  
Adult/Child 1/0  
Suite Rate 139.00

RATE PLAN  
HH#  
AL:  
CAR:

C-CSS

*Folio*

CONFIRMATION NUMBER : 83521541

6/4/2009 PAGE 1

| DATE     | REFERENCE | DESCRIPTION                  | AMOUNT     |
|----------|-----------|------------------------------|------------|
| 6/3/2009 | 3378566   | PARKING                      | \$25.00    |
| 6/3/2009 | 3378743   | GUEST ROOM                   | \$139.00   |
| 6/3/2009 | 3378743   | ROOM TAX                     | \$16.68    |
| 6/3/2009 | 3378743   | CALIFORNIA TOURISM ASSESMENT | \$0.14     |
| 6/3/2009 | 3378743   | TBID ASSESMENT               | \$2.00     |
| 6/4/2009 | 3379017   |                              | (\$182.82) |
|          |           | ** BALANCE **                | \$0.00     |

  

|                              |                      |                     |
|------------------------------|----------------------|---------------------|
| ACCOUNT NO.                  | DATE OF CHARGE       | FOLIO NO./CHECK NO. |
|                              | 06/03/09 18:47:00    | 590163 A            |
| CARD MEMBER NAME             | AUTHORIZATION        | INITIAL             |
| CATE, MATTHEW                | 667351               |                     |
| ESTABLISHMENT NO. & LOCATION | PURCHASES & SERVICES |                     |
|                              | TAXES                |                     |
|                              | TIPS & MISC.         |                     |
| CARD MEMBER'S SIGNATURE      | TOTAL AMOUNT         | -182.82             |
| X                            |                      |                     |

The Hilton Family



Official Sponsor



CSSA

**TO:** All California Sheriffs  
Martin Mayer, General Counsel  
Nick Warner, Legislative Director  
Rick Oules, LE Coord., U.S. Attorney's Office  
George Anderson, Chief of Law Enforcement, DOJ  
Charlie Simpson, Chief, OES

Paul Cappitelli, Executive Director, POST  
Dick Reed, Deputy Executive Director, POST  
Tom Sawyer, Public Safety Liaison, Governor's Office  
Mathew Bettenhausen, Executive Director, OHS  
Jerry Adams, Director's Public Safety Liaison, OHS

**SUBJECT: CSSA Board of Directors Meeting: June 3 – 4, 2009.**

The next Board of Directors meeting of the California State Sheriffs' Association (CSSA) is scheduled to be held June 3-4, 2009 in El Dorado County. **Deadline for agenda items: Friday, May 15, 2009.**

#### **SCHEDULE OF EVENTS**

- **Wednesday, June 3, 2009 – Activities (TBA)**
- **Wednesday, June 3, 2009 – Sheriffs' Roundtable beginning at 3:00 p.m.**
- **Thursday, June 4, 2009– Board of Directors Meeting beginning at 9:00 a.m.**  
(Includes group luncheon for meeting group only)
- **Thursday, June 4, 2009 – Dinner (TBA)**

**BOD MEETING COST:** Pursuant to Board of Directors policy, a registration fee will be collected to cover meeting costs and lunch. **The fee is \$55 and a registration form is below.** Please RSVP your attendance for the Board of Directors meeting by calling Carmen Green at CSSA Headquarters, 916.375.8000 or by email at [cgreen@calsheriffs.org](mailto:cgreen@calsheriffs.org) on or before Monday, May 11, 2009. **Please note that even though you may have contacted the hotel for your room reservation, you do need to RSVP to Carmen so she will be sure to include you for the meeting room and lunch counts.**

**Please complete registration information below:**

Name: \_\_\_\_\_ County: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Check enclosed: \_\_\_\_\_ **OR** # \_\_\_\_\_ Expires: \_\_\_\_\_  
Visa/MC/American Express/Discover Card Number

Signature: \_\_\_\_\_ Name on Card: \_\_\_\_\_

**Cancellations:** All cancellations are subject to a \$15 administrative fee and there will be no refunds for cancellations made within 10 business days of the event.

**HOTEL INFORMATION:** The meeting will be held at the Embassy Suites Lake Tahoe-Hotel & Ski Resort 4130 Lake Tahoe Blvd. South Lake Tahoe, CA 96150. The following rooms/rates are blocked for CSSA: single/double \$139.00. Room reservations may be made by calling the Embassy Suites Lake Tahoe-Hotel & Ski Resort at 800.988.9894 or by linking onto: <http://embassysuites.hilton.com/en/es/groups/personalized/TAHCAES-CSS-20090602/index.jhtml> **PLEASE BE SURE TO INFORM RESERVATIONS THAT YOU ARE WITH CSSA. CUT-OFF DATE IS Monday March 11, 2009.**

Please email or fax this form to:

California State Sheriffs' Association  
1231 I Street Suite 200 \* Sacramento CA 95814  
916.375.8000 phone 916.375.8017 fax  
ATTN: Carmen Green, Executive Assistant  
[cgreen@calsheriffs.org](mailto:cgreen@calsheriffs.org)